

JPRS-TEP-84-016

8 June 1984

# Worldwide Report

EPIDEMIOLOGY

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8 June 1984

# WORLDWIDE REPORT

## EPIDEMIOLOGY

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## BRIEFS

WHOOPING COUGH VACCINATION--About 6,214 children from 3 months to 5 years of age received the first dose of whooping cough vaccine recently in Huambo during the first vaccination campaign against that disease sponsored by the provincial directorate of the public health service. That directorate points out in a note distributed to ANGOP that the second dose of the whooping cough vaccine will be administered beginning on 15 April to provide greater immunization for the population. /Text/ /Luanda JORNAL DE ANGOLA in Portuguese 1 Apr 84 p 2/ 8711

TRYPANOSOMIASIS IN BENGU PROVINCE--Caxito--A Bengo provincial health delegation visited the municipality of Kibaxe-Dembos in connection with the problem of trypanosomiasis with a view to the operation of an investigation and treatment brigade in the whole area. According to a document from the Bengo provincial health delegation, this visit is part of the implementation of the emergency plan. The delegation was headed by the provincial delegate and included the official in charge of the National Sector of the Epidemiological Watch for Trypanosomiasis, Domingos Neto. /Text/ /Luanda JORNAL DE ANGOLA in Portuguese 28 Apr 84 p 9/ 8711

CSO: 5400/128

MALNUTRITION, HUNGER KILL 10 MILLION IN NORTHEAST IN 4 YEARS

Rio de Janeiro O GLOBO in Portuguese 23 Apr 84 p 10

[Text] Recife--According to a document prepared by the regional section of the Brazilian Agrarian Reform Association (ABRA), which will be released next week to the coordinators of the project entitled "Northeasterners: Brazil in Search of Solutions," sponsored by Television Globe Network, 10 million people, primarily children aged 1 to 5 years, died of hunger and malnutrition in the Drought Polygon area between 1979 and 1983.

The document, signed by ABRA's regional director, agronomist Jorge Coelho, also claims that under-nutrition also affects 67.8 percent of the children in the southern Mata area and 69.8 percent in the northern Mata area of Pernambuco. In Sertao, the number is 58 percent. "In the entire Northeast, 71 percent of the children are suffering from malnutrition, which affects their height and causes dwarfism."

According to ABRA, in Fortaleza the infant mortality rate amounts to 250 per 1,000 children born; while in Sertao de San Francisco, in Pernambuco, there is a lower infant mortality rate: 103.1 per 1,000 births (the highest rate in the state is 213.1, found in the Ipojuca valley).

ABRA attributes this state of poverty to the land problem and the poor distribution of income. Citing data researched by SUDENE [Superintendency for Development of the Northeast] and by the World Bank, the document stresses that the number of landless workers in the Northeast is approximately 1,031,414.

The income, in turn, has been concentrated. The group comprised of 1 percent representing the wealthiest people in the region had its share of the income increased from 10.5 percent in 1970 to 29.3 percent in 1980; while the 50 percent who are the poorest had their share cut from 22.4 percent to only 14.9 percent during the same period.

ABRA adds: "While this is occurring, the pressure on the land has been causing the size of over half of the properties in the region to be reduced drastically, making the small farm areas increasingly smaller and the large estate areas increasingly larger."

It continues: "During 1980, the average area of the small farms, with under 10 hectares, was 2.7 hectares, and they numbered nearly 1.6 million; while the average area of the large estates with over 1,000 hectares was 2,800 hectares. In 1950, 53 percent of the farm properties had under 10 hectares. During the 1960's, that index rose to 62 percent, reaching 68.3 percent in 1970, and by 1975 it amounted to 70 percent."

ABRA emphasizes that, during the 15-year period, the agricultural planting areas also increased 21 percent, while those for forage increased 41 percent; representing a growing process of livestock-oriented use (replacement of farmlands by grasses or sugar cane).

It notes: "To make the situation worse, at least about 40 million hectares of land on properties with over 500 hectares recorded in the census by INCRA [National Institute of Land Reform and Settlement] are idle, without any use. The wet valleys, the fenced in pastures and the banks of the Sao Francisco and Parnaiba Rivers are still virtually unutilized."

ABRA calls attention to the fact that the Northeast has only about 12 percent of its land suited for agriculture under cultivation, causing food to become increasingly scarce and expensive. "The basic market basket of the rural worker earning the minimum wage, which was purchased in 1965 with 87 hours of work began representing 179 hours in 1980, and is even more now."

The solutions cited by ABRA for the Northeast, in addition to an extensive process of agrarian reform, are a gigantic campaign for education and special treatment for the region, "so that the inter-regional and intra-regional inequalities can be reduced."

2909

CSO: 5400/2065



DEATHS FROM GASTROENTERITIS IN BAHIA TOTAL 220 TO DATE

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 12 May 84 p 11

[Text] According to reports from hospital directors, mayors, officials from the Health Secretariat and registry clerks, the outbreak of viral gastroenteritis and dehydration that struck the region of Feira de Santana, in the Bahia interior section, 20 days ago, has already caused the deaths of at least 220 children. But in Brasilia, the acting minister of health, Mozart de Abreu e Lima, said yesterday that the Health Secretariat of Bahia reported only 34 deaths. He announced that the secretariat would make an analysis of the water in the region, of the blood and feces of the patients and of certain foods, in an attempt to identify the virus that might be the cause of the outbreak.

Mozart de Abreu e Lima commented that the ministry has not yet had anything to do with the matter, because the state has supplies of rehydrating salt, which is distributed by the Food and Nutrition Institute. He also explained that many of the cases have received treatment by means of intravenous rehydration.

Yesterday, Governor Joao Durval called a meeting with the secretaries of health, labor and finance, to decide on precautions, and claimed that there would be no limit on resources to combat the disease. Doctors, medicines, medical equipment and food are due to be sent to the region.

According to Dr Mario de Paula, director of the D. Pedro de Alcantara Hospital in Feira de Santana, the outbreak was the one which had the most victims within such a short time in the last 30 years, in the region. He remarked: "After that disease, only hunger has killed so many."

Afraid to alarm the population, the state health secretary, Nelson Barros, met with the directors of hospitals in the region in Feira de Santana, and asked them not to inform newspaper reporters on the number of deaths during the past few days. Before the meeting, however, the director of the D. Pedro de Alcantara Hospital confirmed the fact that, since the 15th, 105 children have died in that establishment, a number denied by the health secretary.

In Itaberaba, 100 kilometers from Feira de Santana, the regional health director, Walter Pinheiro Santos, reported that during the first 9 days of May, nine children died of gastroenteritis and dehydration, as well as another 16

who had no medical treatment, and the cause of whose deaths could not be ascertained. At the town registry, however, according to a survey made by Dr Tania Holtz, municipal health director, since the 15th 49 children's deaths have been recorded, and she thinks that at least 20 others have died in the rural area, according to the reports which have reached the mayor's office.

In Monte Santo, north of Feira de Santana, Mayor Airton Andrade reported that 50 children have died during the past 10 days. He requested immediate aid from the Health Secretariat, because there are no doctors and facilities in the town's hospital for accommodating children. There have also been reports of eight children's deaths in Santa Barbara and, according to the health director for the Itaberaba area, Walter Pinheiro Santos, deaths have also occurred in the municipalities of Ruy Barbosa and Souto Soares.

Even in Salvador, according to a doctor from the Federal University of Bahia children's hospital who did not want to be identified, "the number of children with gastroenteritis treated has increased during the past few days." In Feira de Santana, while doctors announced yesterday that only two deaths had occurred in the past 48 hours, the Sao Jorge cemetery grave-digger, Gersino Fagundes Moreira, claimed that he had buried 13 children during the past 2 days.

Yesterday, medical teams again collected material for examination, in order to identify the cause of the outbreak, but the results of the analyses will not be forthcoming for 15 days. However, secretary Nelson Barros has little doubt that the outbreak has a viral origin.

Yesterday, hundreds of mothers lined up at the two main hospitals in Feira de Santana waiting for medical treatment for their children, the vast majority of whom had symptoms of gastroenteritis, with vomiting and diarrhea, and some had signs of serious dehydration, marked by a lack of elasticity in their skin. Nearly 100 children are confined in the two hospitals, and at least 500 ambulatory patients have been treated.

According to Dr Mario de Paula, the consequences are more serious because of the 5 years of drought that have affected the region, worsening the inhabitants' under-nutrition.

#### Other Diseases

Yesterday, the Ceara Health Secretariat announced that 18 children between the ages of 6 months and 12 years had died in the state during the past 20 days, as a result of an outbreak of diphtheria. In Rondonia, a SUCAM [Superintendency for Public Health Campaigns] official admitted that, this year, the number of malaria cases in the state would be larger than all the indexes for the past 5 years. In Belem, SUCAM is exploring the possibility of an isolated case of schistosomiasis having occurred in the city.

2909

CSO: 5400/2065

## BRIEFS

**MENINGITIS CASES**--Three cases of meningitis--one of which is meningococcal and may cause an epidemic outbreak--have been reported in the Sao Jose do Rio Preto District, Rio de Janeiro State. All three patients have been admitted to the Santa Teresa Hospital in the city of Petropolis. [Excerpt] [PY291720 Rio de Janeiro O GLOBO in Portuguese 18 May 84 p 9 PY]

**DIPHTHERIA IN CEARA**--Fortaleza--The Fortaleza Health Secretariat has reported 46 deaths out of the 132 cases of diphtheria which it reported almost 1 month ago throughout Ceara State. A daily average of three children are being admitted to the Sao Jose Hospital for infectious diseases in Fortaleza. [Excerpt] [Rio de Janeiro O GLOBO in Portuguese 20 May 84 p 9 PY]

**GASTROENTERITIS IN BAHIA**--Brasilia--Roberto Becker, director of the epidemiology division of the Health Ministry has reported that at least 401 persons, 80 percent of whom are less than 1 year old, have died of gastroenteritis in 13 municipalities in Bahia State since the beginning of May. During the month of May a total of 13,273 cases of gastroenteritis were reported. Since January 1984, 778 persons, of whom 612 were babies less than 1 year old, died of gastroenteritis in Salvador and Feira de Santana. [Excerpts] [Rio de Janeiro O GLOBO in Portuguese 26 May 84 p 5 PY]

**CHAGAS DISEASE IN MINAS**--Belo Horizonte--Today the chagas disease, which is affecting nearly 800,000 Minas Gerais inhabitants, is slowly reaching the cities through the move of people from rural areas to the cities. Another factor favoring infection is blood donors. Over the past 5 years, after 34,000 blood tests were made in three large hospitals in Belo Horizonte, it was detected that 1.5 percent of the blood donors were infected with the chagas disease. In Sao Paulo this percentage climbs to 2 percent. [Excerpts] [Rio de Janeiro O GLOBO in Portuguese 27 May 84 p 10 PY]

**GASTROENTERITIS OUTBREAK IN NORTH**--An outbreak of gastroenteritis in the northern states, especially in Bahia, has caused the death of 94 persons in Bahia and 112 persons in Sergipe, mostly children. The specific cause of the affection has not yet been determined at government laboratories. [Summary] [PY261829 Rio de Janeiro O GLOBO in Portuguese 23 May 84 p 7]

**YELLOW FEVER INCIDENCE**--An outbreak of wild yellow fever has struck Para and Amazonas, where 15 cases of the disease were reported during the first 4 months of the year, over twice the number in 1983, when six persons contracted the illness which, with but few exceptions, is fatal (this year, only one person survived). In releasing the information yesterday, the superintendent of the Ministry of Health's SUCAM [Superintendency for Public Health Campaigns], Jose Fiuza Lima, remarked that even more cases would show up in the region. He admitted that the vaccination against the disease was inadequate in the two states, explaining that the outbreak could not be attributed only to neglect on the part of SUCAM, because access to the rural area is difficult and, out of ignorance, people fail to visit the superintendency's stations or those of the health secretariats, to receive the vaccine. Hence the importance of the campaigns for public enlightenment regarding vaccination. The superintendent gave a reminder that, in 1981, when the ministry carried out a campaign of this type, it was criticized by merchants in Manaus, who claimed that it was hurting the image of the free trade zone. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 28 Apr 84 p 12] 2909

CSO: 5400/2065

#### ROLE OF PHARMACEUTICAL FIRM DISCUSSED

Cairo ROSE AL-YUSUF in Arabic No 2911, 26 Mar 84 pp 32, 22

[Article by Muhammad al-Sulhani: "Akadima, the Arab Company for Pharmaceutical and Medical Supply Production. The Fruits of 8 Years of Joint Arab Cooperation."]

[Text] The establishment of the Arab Company for Pharmaceutical and Medical Supply Production was the fulfillment of pan-Arab scientific and developmental aspirations to set up a joint Arab organization to manufacture medicine utilizing the human and material resources of the Arab nation for the sake of progress, development, and the principles of integration between the Arab people and the various organizations in this vital field.

Therefore, the opening a few days ago of the Akadima branch in the Cairo International Market capped the success of the idea that spanned 8 years. In addition, it is an incentive for further accomplishment and confidence in the usefulness and effectiveness of joint Arab cooperation.

An explanation of the pharmaceutical industry in Egypt must, of course, make mention of the well-known scientist Dr 'Abduh Salam, the former minister of health. He played a prominent role in formulating and bringing to fruition the idea of joint Arab cooperation in the establishment of a joint Arab organization for pharmaceutical production.

This idea was first raised in 1967 at a number of conferences held by the Arab federations of doctors and pharmacists. The proposal was then studied and a working paper was submitted to the Arab Economic Unity Council on 4 June 1975. The Council agreed to establish the Arab Company for Pharmaceutical and Medical Supply Production (Akadima). The contract for setting up the company was signed in Cairo, which became the company's official management headquarters, on 6 March 1976. The company was capitalized at 6 million Kuwaiti dinars for 15 years, subject to renewal.

A number of Arab states joined the project and contributed various amounts of capital. The states included the United Arab Emirates, Tunisia, Sudan, Syria, Iraq, Qatar, Kuwait, Libya, Egypt, North and South Yemen, Palestine, Saudi Arabia and Jordan.

From the beginning, the company has actually sought to participate in providing the necessary aid and expertise to existing pharmaceutical industries in all Arab states, in addition to the company's primary mission of producing the most modern and advanced medical chemicals, extracts, active ingredients, and oils from medicinal and aromatic plants and raw materials of all kinds. The company also produces packages and containers, equipment, medical supplies, human and animal medicines and fodder additives.

In the area of research, the company has conducted the scientific studies necessary to develop and improve what already exists and those necessary to create new formulas and compounds that will facilitate scientific advancement in this field. The company also has an emphasis on training in order to create a technical cadre for the company's area of work.

In the field of marketing, the company has promoted the import of semi-finished goods and production methods relating to the company's activities. It markets its products within the Arab world and exports the surplus. The company owns and registers trademarks and the rights to them. Aside from these various activities, the company's regulations dictate certain legal, financial and managerial requirements concerning capital, loans, record-keeping, the organization of the management board and the general assembly, accounting, distribution of profits, etc.

In terms of accomplishments, the company, in its 8-year lifespan, has confirmed the correctness of the idea with its continued success in pharmaceutical manufacturing in Egypt and the Arab world, and with the expectations of a fruitful future in pursuit of great progress, such as that witnessed in this field in the industrialized countries.

Several companies have been established by Akadima, management boards formed, and work begun. These companies include the Medical Solutions Company in Jiddah, the Egyptian International Company for Pharmaceutical Manufacturing, the Arab Company for Medical Containers, the Arab Company for Gelatin Medical Products, the Arab Company for Medical Raw Materials, and the Arab Company for Medicinal Plants. In addition, the general investment authority has agreed to the establishment of several companies, including the Arab Company for Medicine Bottles, the Forefront Company for Pharmaceutical Manufacturing, and the Arab Company for Medical Supplies.

Also, Akadima has participated with the Medical Professions Federation for Investment in the capitalization and activities of other companies, including the Medical Professions Company for Veterinary Products and Fodder Additives, and the Medical Professions Pharmaceutical Company.

In a short period of time, Akadima has become a prominent name in the area of Arab pharmaceutical manufacturing. It has participated to a large extent, through its companies and advanced production, in remedying many of the weaknesses and shortfalls that plagued this industry in the Arab world. During 1984 and 1985, a number of Akadima's companies will begin operations and production. These companies include:



The Arab Company for Medical Raw Materials (in Abu Za'bal). This company is charged with producing a variety of penicillins during the first phase of operations, and medical chemicals and alcohols during the second phase. Total investment in the company is 5,848,500 Egyptian pounds.

The Arab Company for Medicinal Plants. This company is charged with the extraction and purification of active ingredients from medicinal plants, and the manufacture of medicines from these ingredients. Total investment in the company is 4.8 million pounds and its headquarters is in Eastern Anshas.

The Forefront Company for Pharmaceutical Manufacturing (in Asyut). Total investment in the company is 37 million pounds. The company produces medicine.

The Medical Professions Pharmaceutical Company (in Abu Sultan, al-Isma'iliyah). The company produces veterinary medicines and fodder additives. Total investment is 8 million pounds.

For the future, the aspirations of Akadima do not stop with the achievement of the goals of Arab progress and integration. The company seeks to advance all fields of medicine, medical chemicals, and medical supplies manufacturing by forming companies and specialized centers. [These plans include] the Arab Company for Medical Supplies, the Arab Company for Special Foods, the Arab Company for Hospital Equipment, and later, the Arab Center for Pharmaceutical Training, the Arab Center for Pharmaceutical Research, and the Arab Center for the Documentation of Pharmaceutical Information.

Dr 'Abduh Salam, chairman of Akadima's management board, said in an interview, "Of course, Akadima is not a private investment company that seeks a profit. Rather, it is essentially a pan-Arab project that seeks to serve the pan-Arab economy and support one of the most important industries. It is directly concerned with service to the medical and pharmaceutical sector and the lives and health of millions of Arabs."

[Question] To what extent does Akadima compete with the pharmaceutical industry in the Arab world?

[Answer] Akadima's goal is not to compete, but one of its most important responsibilities is to aid and assist the development of existing Arab pharmaceutical industries in a way that will facilitate Arab efforts and integration, and in a way that will place the Arab pharmaceutical industry on the desired international level, reduce the prices for medicine and finally achieve self-sufficiency. For this reason, Akadima has been careful to restrict its scientific and investment activities in the pharmaceutical field to the Arab world. It has made the necessary contacts with all the Arab directorates, organizations, and companies in this field in order to coordinate efforts. It has carried out its desired pan-Arab responsibility in the best possible way in accordance with a comprehensive view aimed at accommodating the expected consumption of medicine in all the Arab countries. It gives priority considerations to states that have little pharmaceutical production or lack their share of the company's activities and projects. These things are accomplished in accordance with feasibility studies.

Dr 'Abduh Salam added, "The Akadima Company has sought to undertake its national responsibilities toward pharmaceutical companies in Egypt where it has been a support to these companies in the area of national manufacturing and not an alternative to them. The goal of the company is to strengthen and develop these companies in order to serve the Arab citizen wherever he may be."

"In order to achieve this goal, Akadima has amassed all of its capabilities and expertise to strengthen the pharmaceutical companies in Egypt by establishing a number of joint projects with public sector pharmaceutical companies aimed at increasing production and encouraging national production in the pharmaceutical field in particular. This is in order to achieve complete self-sufficiency [in Egypt] and the ability to export the surplus to the Arab world."

12608

CSO: 5400/4602



MEDICAL SERVICES NOW MORE REGIONALIZED; MALARIA AID RECEIVED

Georgetown GUYANA CHRONICLE in English 6 Apr 84 p 8

[Article by Albert Alstrom]

[Text] THE country's medical services are today more firmly on a Regional structure and are providing quicker and better service, Dr Walter Chin Chief Medical Officer [CMO] said yesterday.

Dr. Chin said that during the last year, the medical services passed through a very difficult period, but most of the staff responded well to the challenge.

The CMO said that during this year, a "friendly country," will be giving Guyana some assistance in an area pertaining to malaria.

During last year there was an increase in reports of malaria over the previous year, and the malaria programme will be intensified especially in the North West District. In the interior more vehicles will be used in the malaria programme.

Dr. Chin said that while there was an increase in the number of doctors to patients in hospitals, clinics and districts, there was a decline in the number among the nursing staff and it made work somewhat harder for the nurses.

Dr. Chin said that the Ministry of Health is to get some assistance from the Pan American Health Organisation to assist with the educational aspects of the rehydration programme which may be taken to health centres this year. He added that because of the cost factor it may not be possible to take it to schools just yet.

Speaking about the expanded health service, the CMO said that many people appear to be using the health centres and Regional hospitals and are not travelling to the city as before. As a result there has been a drop in the number of persons attending at many departments of the Georgetown Hospital.

It was pointed out that during last year 61,709 patients were attended to at the Accident and Emergency Unit of the Georgetown Hospital as compared with 84,648 the previous year. A total 31,706 patients were admitted to the hospital as against 33,376 in 1981.

it was stated that 6,932 babies were born at the Georgetown Hospital in 1982 as compared with 8,217 the previous year, and 16,226 patients saw the doctor at the Eye Department as compared with 11,637 the previous year.

At the Social Disease Clinic about 10,000 patients were attended to in 1982 just half the number for 1981.

At the Medical Clinic 13,843 patients saw the doctor as compared with 11,520 the previous year.

Dr. Chin said that where there were increases in attendance at some clinics it was because patients were seeking specialised treatment and the areas from which they came did not have the facilities. But efforts are being made to further improve the services in all areas of the country.

CSO: 5440/003

## BRIEFS

FILARIA CONTROL--THE Vector Control Division of the Ministry of Health is seeking public co-operation in a survey to determine the prevalence of filariasis (disease leading to micro-filaria) in the City. Senior Inspector of the Division, Cde. Vibert Stroom, explained that the "nocturnal periodicity" of the parasite causing the disease meant that tests would have to be carried out between 20:00 hrs. and midnight. Where parasites causing other diseases such as malaria can be detected in the blood at any time, the parasite in this particular case only shows up positively in the late evening and pre-dawn hours. The survey was prompted by recent clinic tests carried out by the Vector Control Division indicating an increase in the incidence of micro-filaria. The survey is scheduled to begin next week in the Kingston area and it is hoped that when tests in the City are complete similar operations can be mounted in other districts. [Text] [Georgetown GUYANA CHRONICLE in English 12 Apr 84 p 1]

MALARIA AMONG WAI WAI--OF THE 150 Wai Wais who comprise the village of Konochen, 27 cases of Plasmodium Falciparum, the more serious of two types of malaria found in Guyana, were identified in March, according to a Ministry of Health source. Following the discovery of the outbreak a medical team from Lethem and Ministry of Health personnel flew into Konochen on March 14. It was decided that blood samples of the entire village should be taken and tested to ascertain the extent of the outbreak. Due to a number of problems including bad weather this had not yet been done by the end of March. The entire village has, however, been sprayed with DDT. It is understood that in August 1983 a canoe carrying a routine stock of drugs, including those for malaria, capsized on its way from Aishalton to Konochen. All the drugs were lost. The Ministry was unaware of the mishap until February 1984 as there is no means of communication from the village to Georgetown except travel. Weather permitting, an Air Services Ltd. flight is planned to take Ministry of Health personnel to the village as soon as possible. [Text] [Georgetown CATHOLIC STANDARD in English 8 Apr 84 p 3]

CSO: 5440/003

## BENGAL OFFICIAL ALLEGES SMALLPOX DEATHS

Calcutta THE TELEGRAPH in English 18 Apr 84 p 2

[Text]

Calcutta, April 17: The West Bengal health department has practically collapsed due to "poor health intelligence," Mr Ajit Panja, Congress(I) MLA, told the state Assembly today. Participating in a discussion on the Rs 179.6-crore health Budget. Mr Panja blamed the health office of not informing the department of diseases still prevalent but believed to have been eradicated.

He alleged that though small pox had been officially declared to have been eradicated, two persons had died of the disease in Siliguri recently.

Maintaining that on an average 27 out of every 100 patients died in state hospitals everyday, against an average of 12 during the Congress regime, Mr Panja said the communication gap between the health officers and the health department was the main reason for detection of such diseases going unreported.

Initiating the debate on the budget proposal, Dr Sisir Bose

Congress(I) MLA, said though 73 per cent of the state's population was concentrated in the rural areas, there were only 19 state hospitals in those areas against 318 in the urban areas. He said in some areas there was only one health centre for about 73,000 villagers. A villager has to travel about 15 km in order to reach the nearest health centre for medical assistance, he added.

Dr Bose said the "health designs" laid down in the Budget speech was in reality, "politically designed" to "fulfil the ruling party's own interests."

Stating that the Budget proposals were "vague," he said the state hospitals lacked basic amenities such as adequate supply of drinking water sanitation and proper maintenance.

He further charged that the health department had not been able to prevent stomach ailments in children due to lack of proper vaccination. He said about 70 per cent of the children suffered from such ailments.

CSO: 5450/0004

## MINISTER ANSWERS QUESTIONS ON SPREAD OF DISEASES

## Smallpox Denied

Bombay THE TIMES OF INDIA in English 3 May 84 p 1

[Text] NEW DELHI, May 2--Mr. S. Shankaranand, Union health minister, informed the Lok Sabha today that there had not been a single case of smallpox in the country, since 1975.

The minister told Mr. Rajesh Kumar Singh (LD) that this was not the first time a mention was made by the member about cases of small pox. Earlier mentions of such cases had been investigated and found to be nothing more than rumours. The disease was eradicated from the globe in 1975.

The minister was replying to a calling-attention motion on spread of epidemics in various parts of the country. There was a fiery exchange between Mr. Satyasadhan Chakravarty (CPM) and Mr. K. K. Tiwari (C) over a remark made by Mr. Brijmohan Mohanty (C), who had initiated the discussion. The deputy minister for health, Miss Kumud Joshi, also tried to defend Mr. Mohanty.

In his statement, the minister said that kala-azar cases had been reported during this year only from Bihar and in much smaller number in comparison to last year.

Gastro-enteritis, though endemic throughout the country, showed increased incidence during the rainy season. However, this year during the month of March there had been an epidemic of dysentery in a number of districts of West Bengal, affecting 15,542 persons with 808 deaths up to April 28. Another 44 deaths due to gastro-enteritis had been reported from Tripura.

There had been substantial reduction in the incidence of malaria. Against 55,450 cases during January to March 1983, the number of cases reported during the corresponding period in 1984 was 47,063. However, in some states and Union territories increasing trends had been noticed.

Higher incidence of viral hepatitis had been reported from Gujarat.

### More Statistics Given

Bombay THE TIMES OF INDIA in English 3 May 84 p 5

[Text] CALCUTTA, May 2--THE bacillary dysentery epidemic, not officially announced as one though, in West Bengal continues unabated, with four more deaths reported from Howrah and five from 24-Parganas yesterday.

Reports reaching the state headquarters today were scrappy. Some districts did not send any information, perhaps because most of those concerned were enjoying the "Labour day" holiday.

As a result, it was difficult to estimate the toll, which on Monday stood at 911.

However, a disturbing indication of the situation was that at least three districts--Murshidabad, Cooch Behar and Nadia--have sent SOSs during the day for drugs. This contradicts the official claim that drugs supply to the districts so far has been kept up and no problem is envisaged.

In Cooch-Behar, one of the worst-affected districts, an estimated 188,835 people might be facing the threat in 246 villages, though the last attack reported from there was on Sunday.

In Murshidabad, about 200 villages are threatened. The district magistrate has asked for the replacement of most of the shallow tubewells, many of which are not workable.

In Malda, about 74 villages have been affected, but no fresh death report has come in since April 27. The railways have opened 11 centres in that district where anyone can get treatment and medicine.

Though only nine deaths were reported during the day, by the government's own repeated admission, district reports have been delayed often, resulting in death and attack figures showing sharp spurt on particular days.

New Delhi, (PTI): Diarrhoeal diseases have taken a toll of 911 lives in West Bengal, while 44 persons have died of gastro-enteritis in Tripura, Mr. B. Shankaranand, health minister, informed the Lok Sabha on Wednesday.

Quoting latest information received from the state governments, he said diarrhoeal diseases have broken out in epidemic form in all the districts of West Bengal, except Darjeeling since March, this year.

Replying to a calling attention motion, he also disclosed that higher incidence of viral hepatitis has been reported from Gujarat. As many as 314 people have died due to jaundice till April 29. The reported incidence was particularly higher in urban areas of Ahmedabad, Gandhinagar, Baroda, Junagadh, Mehsana and Jamnagar, he said.

The monkey fever has claimed 139 lives in Karnataka. 805 cases were reported from south Kannada and north Kannada till April 29, he told.

In reply to Mr. Mohanty, the health minister said that the National Institute of Cholera had carried out investigation into the outbreak of the epidemic. It reported that the cases were due to bacillary dysentery. Most of the affected were children.

The institute, Mr. Shankaranand said, also suggested certain preventive measures to the West Bengal government.

He said that ten million halogogen tablets were being supplied to the West Bengal government.

The Times of India News Service adds from Ahmedabad: Viral jaundice raging in Gujarat since January has so far claimed 339 lives including three deaths reported during the last 24 hours from Bagoda and Botad, in Bhavnagar district.

The City Civil Hospital, which was closed for ten days when jaundice was reported to be spreading in its complex, was reopened on Wednesday after a massive fumigation operation in all the 40 wards. Its out-patient department treated 700 patients, according to hospital sources.

Meanwhile, Mrs. Rashmiben Shroff, health secretary, held a meeting of officials and doctors today to review the steps initiated for controlling the disease. Hospitals have been directed to open isolation wards immediately. Municipalities have been told to detect and destroy contaminated fruit and vegetables.

Jodhpur (PTI): Nearly 40 persons have reportedly died of diarrhoea and a blood disease within the last two months, in village Boyala, in this district.

Most of the victims are stated to be children. The disease has assumed epidemic proportions, affecting nearly all of the houses in the village. The district collector has sent the chief medical and health officer with some doctors to the village.

CSO: 5450/0008



## BRIEFS

**MALARIA ON DECLINE**--Lucknow, April 14 (PTI)--There has been a sharp decline in the cases of malaria during the year 1983 throughout the country, according to an official report. A total of 13,99,553 malaria seizure and 3,08,021 plasmodium falciparum cases were reported during the year as against the 18,03,873 and 3,76,005 during 1982, showing a decline of 22.39 per cent and 18.08 per cent respectively. The report said the urban malaria scheme has now been extended to 131 towns protecting about 553.19 lakh population from malaria as well as other mosquito borne diseases. This scheme was started in 1971-72 in 23 towns, the report said. The report said that six monitoring teams were now working in various parts of the country to identify the P falciparum sensitivity to chloroquin. Testing of alternate drug use, wherever resistance to chloroquin was detected in the P falciparum-strain, was being done. In established P falciparum chloroquin resistance cases, the drug regimen has been changed and cases were now being treated with alternate drug combination. [Text] [New Delhi PATRIOT in English 15 Apr 84 p 5]

**JALPAIGURI DIARRHEA DEATHS**--JALPAIGURI April 15--A recent outbreak of diarrhoea has claimed at least 13 lives in the Falakata area in Jalpaiguri during the past three days, according to a spokesman of the Health Department here reports PTI. The spokesman said a medical team had been sent to the area to take necessary measures against the disease and render help to ailing persons. [Text] [Calcutta THE STATESMAN in English 16 Apr 84 p 13]

**KALAAZAR DEATHS**--Patna, April 15 (UNI)--Sporadic cases of kalaazar have been reported in different parts of the city and Patna district, according to Dr C. P. Thakur, professor of medicine, Patna Medical College Hospital. Dr Thakur said today that recently he had received nine cases of kalaazar. All the patients had been admitted to the Patna Medical College Hospital, he added. He said the hospital authorities were ascertaining whether more such cases had been reported. Dr Thakur urged the government to take emergency measures to stop the disease from spreading. According to a report from Purnea, cases of kalaazar have also been reported in Kishanganj, Forebaganj, Thakurganj, Araria and suburbs of Purnea. [Text] [Calcutta THE TELEGRAPH in English 16 Apr 84 p 5]

**MYSTERY DISEASE REPORTED**--Agartala, April 18 (PTI)--A "strange stomach ailment" with symptoms of an attack of gastroenteritis and blood dysentery has claimed at least 12 lives in the remote tribal dominated hill villages of



Tripura in the past week. Discussing this to newsmen here yesterday, Mr Rabindra Debbarma, a Tripura Upajati Juba Samity, MLA, who claims to have toured extensive tracts of hill areas in the last 10 days said that the victims, mostly aged women and children, were taken ill after drinking clean water. He said most people in the hill areas were forced to drink bad water as the Government's water storage facilities had gone dry due to lack of rainfall. Mr Debbarma alleged that there was also severe food crisis in these areas leading to growth of crime. Contacted, the health Directorate said they were taking stock of the situation. [Text] [New Delhi PATRIOT in English 19 Apr 84 p 6]

JAUNDICE DEATH REPORTED--AHMEDABAD, April 20--One more doctor of the Civil hospital here died of jaundice today, taking total deaths of the hospital staff from the disease in the last six months to 14. The latest victim is Dr. Narendra Patel, an interneer. A neurosurgeon and a resident doctor had died of jaundice earlier, according to a spokesman of the hospital. [Text] [Madras THE HINDU in English 22 Apr 84 p 12]

MONKEY FEVER, JAUNDICE--NEW DELHI, April 25--Adequate steps have been taken to prevent the spread of viral jaundice in Gujarat and monkey fever in parts of Karnataka, the Deputy Health Minister, Miss Kumud Joshi, told the Rajya Sabha today. Allaying the fears of members, she said local bodies in the two States had been advised to safeguard the public water supply system against contamination. Viral jaundice and monkey fever had been investigated by the National Institute of Communicable Diseases and the All-India Institute of Medical Sciences. Miss Joshi said a vaccine production laboratory was being established by the Karnataka Government at Shimoga, which was endemic to monkey fever. According to reports received from the State Governments up to April 22, monkey fever had claimed 120 lives while 307 persons had died due to viral jaundice in Gujarat. In all 2,449 cases of jaundice and 643 cases of monkey fever were reported. The incidence of monkey fever had been reported from South and North Kanara also, she added. [Text] [Madras THE HINDU in English 26 Apr 84 p 6]

DISEASES IN BANGALORE--BANGALORE, May 2--The Governor, Mr. A. N. Benarji, has asked officials of the Bangalore City Corporation and the Bangalore Water Supply and Sewerage Board to take urgent measures to combat the spread of gastro-enteritis in the city. The Governor called the Chairman of the BWSSB, Mr. P. Padmanabha, the Commissioner of the Corporation, Mr. B. S. Prakash and other officials for a meeting on Monday to discuss the problem. The outbreak of the communicable diseases has been attributed to the contamination of drinking water by sewage especially at Shivajinagar and Bharatinagar in the city. The Corporation Health Officer, Dr. A. Narayana Rao, said that two persons had died of cholera and four of gastro-enteritis. Nearly 60 cases of cholera and 318 cases of gastro-enteritis have been admitted in hospital. The Corporation and BWSSB officials had inspected the places where there was water contamination and where corroded sewage and water mains needed repair, the Health Officer said. In many cases the domestic connections had to be replaced. Corporation officials said 66,618 persons had been inoculated till April 30 at Jayamahar, Bharatinagar, Shivajinagar, Shantinagar and Binnypet. But, Dr. Narayana Rao said, gastro-enteritis cases continued to be admitted to the

hospital, about 15 a day. Information available from the City Corporation shows that deaths on a much larger scale had occurred in the city in the last four years, but they went almost unnoticed. Had there been an elected civil body, the councillors would have drawn attention to the deaths and demanded preventive measures. [Text] [Madras THE HINDU in English 3 May 84 p 12]

HEPATITIS STATISTICS REPORTED--New Delhi, 19 May (AFP)--The death toll from hepatitis "B" in the western Indian state of Gujarat has mounted to 521 since the disease broke out in January, with eight more deaths reported yesterday, the PRESS TRUST OF INDIA news agency reported. Twenty-four people affected by the virus were admitted to hospital yesterday, taking the number of hepatitis victims under treatment to 120. Meanwhile, new areas were coming under the grip of the infectious virus despite massive preventive measures launched by the health authorities, PTI said. [Text] [Hong Kong AFP in English 1003 GMT 19 May 84 BK]

CSO: 5400/4718

GOVERNMENT UNVEILS PLANS FOR CUTS IN HEALTH CARE FUNDING

Dublin IRISH INDEPENDENT in English 7 Apr 84 p 1

[Article by Joe Power]

[Text] WIDE-RANGING cuts in health services are planned by the Government, Health Minister Barry Desmond revealed last night.

A Government Green Paper to be published shortly will outline proposed savings in the nation's health bill, Mr. Desmond said.

Present expenditure trends can no longer be sustained, the Minister declared.

Health service costs have soared over the past six years from £400 million to an estimated £1,064 million in 1984, he said.

The Minister also warned that a major Government clampdown on cigarette smoking is on the way.

It was no longer possible to sustain current trends in health service expenditure, Mr. Desmond told a social welfare conference in Dublin.

The Government had to operate within the maximum level of resources available to it.

There were other pressing demands on the Exchequer--not least the cost of unemployment assistance which this year will amount to £11 million a week.

The forthcoming Green Paper will analyse the constraints on expenditure within the health services, Mr. Desmond told the conference.

Alternatives

It will look at alternative ways of meeting the rising demand for improved health services and list the options facing the country in the organisation and financing of health services.

The Green Paper will outline the measures needed to improve the health of the nation and the ways in which the health services can be made responsive to the people they serve.

Mr. Desmond pointed out that almost £90 million was now being spent on drugs in the health services every year, while the cost of looking after the 350,000 people over the age of 65 is also soaring.

Describing cigarette smoking as a "national disaster", Mr. Desmond said about 3,000 people a year were dying as a result of the habit.

Government proposals to take a much tougher line on the freedom with which cigarettes could be advertised, sold and smoked, will be announced next week, the Minister end on.

He said that the rehabilitation of drug addicts called for special attention and pointed out that despite warnings neither the Gardai nor the health services were organised to combat the dramatic growth in drug addiction in recent years.

He said that 600,000 was being provided specifically by his department to pay for activities to combat the consequences of drug abuse.

CSO: 5440/001

## RUBELLA EPIDEMIC SPREADS THROUGHOUT COUNTRY

Tel Aviv YEDI'OT AHARONOT in Hebrew 16 Apr 84 pp 1, 3

[Article by Devora Namir: "Rubella Epidemic Spreads Throughout Israel"]

[Text] Recently, first reports have reached the Ministry of Health that a rubella epidemic is spreading rapidly throughout Israel. In this new outbreak of the disease, so far most of the patients are children up to the age of 12 who had not been immunized. The epidemic was expected because it appears in Israel every 4 years.

Dr Tiberio Schwartz, chief epidemiologist of the Ministry of Health, reported that almost no cases of rubella appeared among girls aged 12-15, thanks to the mass immunization campaign that has been in progress since 1971 among female pupils of elementary schools. Nevertheless Dr. Schwartz expressed concern for women of child-bearing age, but older than 25-26; some of them have young children, have not been immunized, and do not know whether they had rubella during their own childhood. They are liable to be infected now, which would be very dangerous if they were pregnant.

The Ministry of Health therefore recommends that all women in the endangered category--whether they are in the early stages of pregnancy or expect to become pregnant soon--should go at once to the "Mother and Child" stations, and undergo blood tests to determine whether they have adequate natural immunity. Pregnant women who have not been immunized and who have come in contact with rubella patients, particularly with children, will remain under special observation until the end of the [Note] fifth month of pregnancy. "In some cases," said Dr Schwartz, "a pregnant woman can contract rubella without showing any of the signs of the disease, including the rash, and therefore the blood tests are vital."

He disagrees with certain geneticists who recommend immediate termination of pregnancy for any woman who has received anti-rubella immunization, when she does not yet know that pregnancy has commenced; it is feared that the embryo would be harmed. "Apparently these doctors do not read the scientific medical literature," he said. "Since 1981 a weakened virus which does not harm the embryo has been used for immunization. Today, in contrast to the past, there is no longer any medical justification for automatically terminating pregnancy," declared Dr. Schwartz.

## ACCELERATED CONTROL OF TUBERCULOSIS DISCUSSED

Beijing ZHONGHUA JIEHE HE HUXIXI JIBING ZAZHI [CHINESE JOURNAL OF TUBERCULOSIS AND RESPIRATORY DISEASES] in Chinese No 6, 12 Dec 83 pp 358-359

[Article by the Tuberculosis Scientific Association, Guangdong Chapter of the Chinese Medical Association: "Open up a New Situation: Summary of a Conference on the Acceleration of the Control of Tuberculosis"]

[Text] In May 1983, this association held a conference to discuss the special topic of "How to Open up a New Situation and Accelerate the Control of Tuberculosis." Those participating in the conference included: Huang Deguang [7806 1795 0342], Wang Hong [3769 7703], Chen Fangpu [7115 5364 0944], Xiao Dijie [5618 2769 0253], Liao Zhuoxiong [1675 0587 7160], Li Yigeng [2612 0001 5087], Xie Peigeng [6200 1014 1649], Yu Jucai [0151 5468 2088], Lu Gen [1687 2704], Kuang Jianru [6782 7003 1172], Feng Jianbiao [7458 1096 2871], Li Yun [1621 7189] and Wang Zhuoxin [3769 0587 2450]. The following is a comprehensive report of the main issues.

### I. Solving the Problem of Having Someone Be in Charge of Tuberculosis Cases.

The tuberculosis epidemic is still very serious in our country. The "legalized" tuberculosis prevention network, with the tuberculosis prevention centers in the center and coordinated with tuberculosis hospitals, sanatoriums, out-patient departments of comprehensive hospitals and other medical units, is still necessary in controlling the spread of the disease for a long time to come. Accordingly, we have to solve two problems: the first is to set up sound tuberculosis prevention organizations. The city of Guangzhou originally had a relatively sound three-tiered tuberculosis prevention network but it was destroyed during the 10 years of calamity. In recent years, although the city tuberculosis prevention centers and the prefectural tuberculosis prevention centers of the towns and prefectures have been revived, some of them are not sound and the village tuberculosis prevention centers in the suburban counties are still not sound. Therefore, we must quickly establish a sound city and township tuberculosis prevention network and solve the problem of having someone be in charge of tuberculosis. The second is the establishment of effective "legalized" cooperation between tuberculosis prevention professional organizations and medical and health organizations at various levels. Comrades participating in the conference believe that "legalized" cooperation is not a slogan: it should be fixed in a legal form so that it



cannot be abolished at will and only this guarantee will produce results. Guangzhou should first bring about effective cooperation between tuberculosis prevention centers and tuberculosis hospitals. As the name suggests, hospitals should handle well-patient clinical care for in-patients and emergency care observations; the tuberculosis prevention centers should mainly handle such tasks as the overall prevention plan, development of out-patient chemo-therapeutic treatment, BCG vaccinations and the survey and monitoring of the epidemic situation. The relationship between the hospital and center should be one of division of labor and cooperation. Next, comprehensive hospitals at various levels must reestablish tuberculosis emergency care observation beds and they, as well as the basic-level health organizations, are required to achieve the "four emphases": (1) emphasize "seeking medical help because of sickness" for early detection of patients; (2) emphasize checks for sputum to find the source of infection; (3) emphasize the system of reporting the epidemic situation and of writing reports promptly; (4) emphasize the rational chemo-therapeutic treatment of patients and the prompt transfer for diagnosis. Only when "legalized" cooperation between tuberculosis prevention professional organizations and medical and health organizations is truly established and perfected can tuberculosis be quickly controlled. In recent years, the Guangzhou Department of Health has issued successively documents concerning group management, chest X-rays and the system of reporting on the epidemic situation and, through the city prevention center's realistic integration of the spirit of the documents, has sponsored special lectures on tuberculosis prevention by medical and health organizations at various levels, achieving definite results. But because it has not been legalized, it is still difficult to implement such measures realistically.

It is only after someone has been put in charge everywhere and good management has been established that we can open up a new situation and accelerate the control of tuberculosis.

## II. Concerning the Discovery of Cases and the Question of Proper Chemo-therapeutic Treatment

The discovery of cases must be concerned with high efficiency and economic results, using relatively little manpower and material to discover the major sources of infection among people so as to apply proper chemo-therapeutic treatment. The main target of the survey should be high-risk groups (people with suspected tuberculosis symptoms, people in close contact, children with a strong positive result in tuberculin tests and people with a history of tuberculosis). According to the survey results of residents living apart from each other on four streets and workers and staff of street production teams in Guangzhou in 1982, 43.5 percent of the patients with active tuberculosis have not been discovered and they are highly concentrated among those over 40 years of age who are living apart from one another. This shows that in the work of discovering cases, this is a weak link. Henceforth, the focus of detection work should be on the workers and staff of the street production teams and on the residents. In this survey, 80 percent of the patients discharging germs or who have hollow fibers show clinical symptoms.

It is estimated that in the future, among patients of the street health stations and out-patient departments of comprehensive hospitals who have such respiratory tract symptoms as coughs and who show no improvement after treatment, we may discover about 80 percent of the sources of infection after chest x-rays. As for the method of discovering cases, we generally believe that the examination of sputum should be stressed, but the chest x-ray is still an important means of detecting negative-test cases of active tuberculosis and should not be neglected, especially since x-ray equipment is relatively common in cities and townships. Their role should be given full play.

As for the question of rational chemo-therapeutic treatment after detection, comrades participating in the conference believe that the idea that "treatment must be provided after detection and treatment must be rational and thorough" is an important principle. To carry out completely supervised non-hospitalized chemo-therapeutic treatment is still the most reliable method to guarantee that the patient take his medication and to insist on rational treatment. We should create conditions for its popularization. Since 1980, Guangzhou tuberculosis prevention centers have successively begun rational chemo-therapeutic treatment work, and the result achieved in the Haizhu tuberculosis prevention center is especially noteworthy. Summing up the treatment results of 95 cases of initial treatment of patients discharging germs, that center has a 99.8 percent rate of medication taking, and for the 12 months, the rate of sputum tests show negative is 97.8 percent. Practice proves that if only the leadership emphasizes thorough and detailed educational propaganda work, satisfactory results can be obtained. At present, changes in the economic structure also cause difficulties in practicing "complete supervision." We must realistically guarantee the patient's treatment so that his income such as bonuses will not be affected. Only through this can we increase supervision and cooperation. In recent years, Guangzhou tuberculosis prevention centers set up a medication-taking file for the total management of treated patients. It reduces the time lapse between medication pick-ups, strengthens visiting, propaganda and education and uses first-line anti-tuberculosis drugs for treatment; for those who can insist on picking up medication on time, relatively satisfactory results can be obtained.

As for the question of treating those with negative sputum test results, at present, in the Guangzhou area, cases of positive sputum tests constitute only 10.3 percent of active tuberculosis cases. Moreover, in carrying out daily work, there are many reversible hollow fiber cases in which the germs cannot be found. This may be related to the quality of sputum examination work. Because of irregular chemo-therapeutic treatment, there are also many cases of mildly active tuberculosis which have deteriorated and which have developed hollow fibers or have begun the discharge of germs. This shows that the treatment of negative-test cases cannot be neglected; if we can set up a unified system of joint initial treatment of negative-test cases, then cases of missed treatment or overtreatment can be greatly reduced.



### III. Concerning the Question of the System for the Registration and Reporting of Tuberculosis

To control the spread of tuberculosis, we must know the epidemic situation well and, based on the situation, adopt corresponding tuberculosis prevention measures. In 1958, Guangzhou established a three-tiered tuberculosis prevention network and established a registration file management system for discovered cases. The system was disrupted in 1967-71 and revived in 1972. Through such a system and from the cases registered in successive years, we can basically have a good grasp of the epidemic trend of tuberculosis and the effectiveness of prevention. In Guangzhou, the new registration rate in 1958 was 12.2 per 1000, dropping to 1.09 per 1000 in 1982; the decline was thus 91.1 percent for a period of 23 years, with an average decline of 4 percent per year. At the same time, the registration rate declined from 2.56 percent to 0.31 percent, a drop of 88 percent over the 23 years, with an average decline of 3.8 percent per year. This shows that the effectiveness of prevention is not yet satisfactory. The rates of decline in the registration and new-registration rates are different for different periods. After 1978, the decline in the registration rate is more rapid and is directly related to the implementation of new fixed group norms and rational chemo-therapeutic treatment. In recent years, the new-registration rate has been declining slowly, hovering around 1 per 1000 (the decline is 2.9 percent per year). In particular, there is almost no major improvement in the new-registration rate of positive tests, showing that sources of infection have not been controlled.

In order to strengthen the report on the tuberculosis epidemic situation, the Guangzhou Department of Health promulgated in 1981 the system for reporting on the tuberculosis epidemic situation, requesting the comprehensive medical organizations at all levels to report within 1 week after discovering active cases. But after 2 years of operation, a total of 91 cases has been reported, accounting for only 2.3 percent of newly registered cases and showing that such a system has not received much attention. Therefore, we propose the following: (1) The Ministry of Health should designate tuberculosis as a legally determined infectious disease. All areas should strictly carry out the system of reporting on the epidemic situation; (2) Implement a bonus system for discovering sources of infection in positive cases. As in the case of awarding bonus for discovering cases of leprosy, medical personnel concerned will be given fixed material rewards whenever they discover positive cases; (3) Strictly assign medical work according to areas and divide the labor in registration and the management of patients. Tuberculosis hospitals will be mainly responsible for admitting and treating in-patients and observing patients in emergency cases. When the patient has recovered and has been discharged, he should be under the management of the tuberculosis prevention centers of that area. At present, city tuberculosis hospitals themselves maintain clinics to detain the patients discharged, and there is no sound management system. This is not beneficial to the management and monitoring of the epidemic situation of the whole city.

#### IV. Concerning the Question of Raising the Quality of BCG Vaccination

Ever since the founding of the nation, Guangzhou has all along used the method of hypodermic BCG vaccination and considered newborns as the main targets of vaccination. At the same time, it has carried out the revaccination of corresponding age groups and obtained the obvious results. In 1979, spot checks were carried out at 20 mobile locations and the average positive rate was 74 percent in the city and 72.9 percent in the countryside. This seems to indicate that the hypodermic method is more satisfactory. Worthy of note is the use of the "tuberculosis brain" as one of the allergy indicators of tuberculosis immunity. In recent years, there have been occasional cases in the city and in individual counties in the countryside, there is again an upward trend showing that the quality of BCG vaccination work is developed very unevenly in various areas and the quality has to be improved further. Accordingly, in recent years, aiming at the following two main standards in evaluating the quality of the BCG vaccination, we have done some investigation and research and adopted some measures for improvement, achieving definite results. (1) Administrative standards: "We demand the attainment of high rates of tuberculin tests, re-tests and BCG vaccinations." In recent years, the rate of BCG vaccinations for newborns in Guangzhou has basically stabilized around 90 percent while that of outlying counties in the countryside is only 50-80 percent. In some individual outlying mountainous counties, there is even the phenomenon of the termination of vaccinations. The main reasons are: (a) transportation in the outlying mountainous areas is poor and there is the lack of transportation and cold storage (as in Xingeng County), thereby affecting the initial vaccination of newborns; (b) there is not enough knowledge of the techniques of BCG vaccinations for newborns and there is no tight grasp of contraindication; (c) there is no guarantee of the non-contamination of BCG vaccine and no prompt delivery, thereby affecting the increase of the vaccination rate; (d) there is a reduction in the number of BCG vaccination locations for newborns, creating inconveniences for vaccination. (2) Technical standards: "We demand that a high rate of tuberculin tests be negative and that there be a great average diameter of reaction." In recent years, in Guangzhou, re-examinations of newborns 12 to 16 weeks after BCG vaccination show that the rate of tuberculin tests becoming negative is on the low side (52-67 percent) and that the average diameter is only 4.4-5 mm. In order to find out the reason, we have done some investigative studies. The results show that the reason for the relatively low negative-test rate of Guangzhou newborns after BCG vaccinations may be related to the lowering of the potency of the vaccines and is definitely related to cold storage, transportation and vaccination techniques. Therefore, we have already adopted the following measures: (a) open clinics for BCG vaccinations for newborns to carry out a regular 12-week examination of changes in tuberculin tests so that those with negative results will be promptly revaccinated; (b) sponsor classes in towns and villages for BCG vaccination techniques for newborns; (c) improve conditions for cold storage and transportation; (d) convene a work conference on BCG vaccinations for newborns every year; and (e) propose that the provincial biological production department produce vaccines that are highly effective and stable and have few side effects and good immunity results.

VD AT EPIDEMIC LEVELS, TREATMENT PROBLEMS NOTED

Bangkok MATICHON in Thai 10 Mar 34 pp 1, 16

[Article: "Venereal Disease Is Spreading; So Many Injections Are Given That Brain Damage Results"]

[Text] Doctors have revealed that venereal diseases are spreading seriously. Thailand is one of the top ten in the world. Owners of places of entertainment try to solve the problem by giving injections of ganamycin. But if too many injections are given, brain damage may result.

On 9 March, the Office of State Universities held a seminar on prostitution as part of the "Week Against Prostitution." During the morning, Dr Niwat Phonnikon, who is attached to the Dermatology and Venereal Diseases Unit, Ramathibodi Hospital, presented a report on venereal diseases and their effect on society and people. Dr Niwat said that considering just the official number of people who have come for treatment of gonorrhea, Thailand is one of the top ten countries in the world. It is estimated that the actual number of people with gonorrhea is five times higher than the official figure. The official number of people who have come for treatment of a venereal disease is approximately 700,000, with the ratio of men to women being approximately 4 to 1.

Approximately 84,000 laborers have venereal disease. This is followed by: low-ranking government officials, 64,000 people; prostitutes, 54,200 people; and students, 50,500 people. The reason why large numbers of laborers have venereal disease is that the men have no way to relax after work and so they visit prostitutes as an outlet. This is a problem that must be solved.

Besides this, more and more students at almost all the educational institutions are having sexual relations. It's usually the boys who urge the girls [to have sexual relations]. At present, herpes, which is caused by a virus, is spreading rapidly. It is very difficult to cure this disease because the virus resides on the nerve trunks. Approximately 60 percent of the newborn infants infected with the virus die. If this disease is not cured, it can lead to long-term complications, that is, cancer of the uterus.

Dr Niwat said that when prostitutes who work at various places of entertainment come down with a venereal disease, the owners of these places are usually unwilling to take them for treatment since they feel that this wastes time. And state services do not reach all these places. Also, the owners of these places don't want state officials to get involved. When one of the girls comes down with a verereal disease, they have a self-styled doctor give her an injection of ganamycin, which is the drug used for gonorrhea and infections. But at present, the diseases are becoming resistant to this drug. When people have been given 30 or more injections of this drug, brain damage may result and the person may become hard of hearing. If injections continue to be given, the person may go deaf. In 5-10 years, many of these women will develop kidney problems from the use of ganamycin, and they may die.

The reason why the owners of establishments like to use this type of medicine is that it is cheap. One injection costs only 30 baht. One way to solve this probelm that the brothel owners could use would be to have each of the prostitutes donate 30-40 baht and then have a doctor come provide treatment and give information. This way, the owner would not lose any money. This method has already proven effective in some places of entertainment. Or mobile medical units of the state, which would have to have laboratory vans, could travel to various communities once a week in order to treat these women.

11943

CSO: 5400/4413

## THAILAND

### BRIEFS

VD TREATMENT RESOURCES--Doctors who are specialists in venereal diseases have said that the state is not really interested in the problem. There are only two medical faculties that provide instruction. Thus, there is a shortage of doctors. Most have to learn through personal experience. Dr Niwat Phonnikon, who is attached to the Dermatology and Venereal Disease Unit, Faculty of Medicine, Ramathibodi Hospital, discussed medical problems and venereal diseases. He said that efficient state units have failed to provide sufficient examination and treatment services for such diseases. This is because these diseases do not pose a serious threat immediately and society is still prejudiced against people with such diseases. Thus, the problem has not received sufficient attention. Dr Niwat said that out of seven faculties of medicine, only two provide systematic instruction that meets the standards concerning these diseases. The others provide little or no instruction. The government units are very short of doctors qualified to treat such diseases. The Venereal Diseases Division has only 33 doctors for the 72 provinces in the country. Most of these doctors have learned about this from their work and personal experiences. There are no training seminars for doctors on this topic, especially after they graduate. Thus, treatment of these diseases in the large hospitals in the country and in many of the faculties of medicine is below standard. "There is a lack of personnel and money to carry on the work of the state's venereal disease centers. There is a lack of real research on these diseases. There is a lack of knowledge about how to prevent these diseases. Few of the youths are provided sex education. Easy-to-use birth control methods, such as birth control pills, are readily available and so more and more women are engaging in promiscuous sexual behavior," said Dr Niwat concerning the reasons for the increase in the incidence of these diseases. [Text] [Bangkok MATICHON in Thai 10 Mar 84 p 3] 11943

CHOLERA IN BANGKOK--Cholera is spreading in Bangkok. Incidence among those in the building sector and those who like to eat out is high. A senior doctor has warned people to make sure that the food they eat is clean. Dr Suchat Chetanasen, the senior doctor with the Communicable Diseases Control Division, Ministry of Public Health, was interviewed by SIAM RAT on the cholera outbreak. He said that the cholera situation must be watched carefully until the end of April. Since the beginning of the year, there have been 68 cases in Bangkok Metropolitan. There

have been 43 cases in Samut Prakan Province and 27 cases in Nonthaburi Province. Only two have died. Most of those in Bangkok Metropolitan who have come down with this disease are construction workers on tract house projects who build buildings and roads. In the areas where the houses are built, there is no clean drinking water, and the restrooms easily spread the bacteria. Dr Suchat said that in the summer, people like to go to the beaches or take trips to other provinces. They eat out, and the food is not clean. Flies swarm over the food. Or the food is kept for long periods and in the summer, it goes bad quickly. It should be reheated before being eaten. Drinking water should be clean, too. However, to prevent [coming down with this disease], people should help themselves concerning the cleanliness of the food and water. The Communicable Diseases Control Division, Bangkok Metropolitan, has revealed that, at present, cholera cases have been reported in 16 districts, including Bang Khen, Huai Khwang, Bang Kapi and Prathumwan. If a person is found to have cholera, Bangkok Metropolitan will send health officials to visit the person at home to check his stools. This is because it is feared that the person might spread the disease to his relatives. If a person suspects that he has cholera, he should immediately go to see a doctor at one of Bangkok Metropolitan's public health clinics or hospitals. [Text] [Bangkok SIAM RAT in Thai 16 Mar 84 pp 1, 12] 11943

CSO: 5400/4413



## BRIEFS

**LUAPULA TYPHOID CONTROLLED**--Typhoid which broke out in Luapula Province a fortnight ago has been brought under control and all quarantined Nchelenge Secondary School pupils have been released. Provincial medical officer Mr John Mbomena said in Mansa yesterday that four pupils who were hospitalised when the disease broke out have also been discharged. The pupils spent two weeks of their holiday confined in school premises to prevent the water-borne killer disease from spreading. School authorities are taking measures to improve the sanitation at the school to prevent third outbreak of the disease within three years. District education officer Mr Jackson Mwenda said his deputy had gone to the school to establish its requirements and work out how much money was needed to improve the institution which had been condemned as unfit by the medical officer. The schools' dining hall was not in a good eating atmosphere and the general sanitation and drinking water needed to be improved. Mr Mbomena said the school was given advice on how to improve conditions and would remain closed when schools reopen on May 14 until those conditions were met. Mr Mwenda said a report on the needs of the school would be compiled after his deputy's visit there and this would be sent to the ministry headquarters. "We are going to assess the cost to renovate some of the buildings to prevent further occurrence of the disease," he said. Typhoid is a perennial disease in Nchelenge area. In 1981 four Grade 12 school-leavers at Lwamfumu National Service Camp in Mansa died from typhoid which hit the camp prompting the Government to close it. [Text] [Lusaka TIMES OF ZAMBIA in English 29 Apr 84 p 7]

CSO: 5400/129

## BRIEFS

VETERINARY VACCINE LAB--Our country will soon have its own veterinary vaccine laboratory. According to Dr J. A. Tapche Njidan, director of veterinary services of the Ministry of Animal Husbandry, Animal Industries and Fisheries, this modern unit located near Garoua at a place called Bokle will begin to operate at the end of the year. The total cost of this achievement is estimated at about 10 billion CFA francs. The laboratory, which will employ more than 120 persons, has been built in accordance with a modular plan. [Excerpt] [Yaounde CAMEROON TRIBUNE in French 31 Mar 84 p 1]

CSO: 5400/134



MEASURES AGAINST FOOT-AND-MOUTH DISEASE

Santiago TERCERA DE LA HORA in Spanish 26 Apr 84 p 5

[Text] The undersecretary of agriculture is confident that the measures adopted by SAG [Agriculture and Livestock Service] will produce rapid results in the control and elimination of the outbreak in the southern zone.

"We are fully confident that the outbreak of foot and mouth disease that has limited itself to a small zone in the Eighth Region will be eradicated and that U.S. authorities will make a positive decision on the request we will soon make that Chile again be declared a country free of foot and mouth disease." This statement by Undersecretary of Agriculture Jaime de la Sotta sums up precisely what occurred in the mountain zone of Trapa-Trapa after the discovery of the existence of this epidemic brought in from Argentina through contraband livestock.

Control

The outbreak of foot and mouth disease was discovered a little more than 1 month ago. SAG immediately guaranteed the sector to prevent the disease from spreading to the rest of the country. The corresponding U.S. authorities were advised and, as normally happens in these cases, Chile was promptly removed from the list of nations free of this disease. As will be remembered, our country had attained recognition last year by the United States, Canada and Mexico as a country free of foot and mouth disease.

Return

When questioned by the FUCAO ministerial agency, Jaime de la Sotta declared that "at the international level, two systems are recognized for avoiding the spread of foot and mouth disease: the use of vaccination and elimination of diseased and potentially diseased animals by shooting. When vaccination is chosen, one waits 6 months before again applying for inclusion in the list of countries free of this disease. When the animals are shot, the period is reduced to 21 days.

"In any case, to be reinstated it is necessary to prove the action taken, with all that went before, and again negotiate for recognition."

The undersecretary is hopeful that the measures taken by the SAG, with the help of the army and the carabineros, will be completely successful in eradicating the epidemic.

In regard to the exportation of llamas and alpacas from the northern zone, De la Sotta affirms that negotiations are under way with the United States to avoid the extension of the prohibition to these animals that are raised more than 2,000 kilometers away from the epidemic of foot and mouth disease with, in addition, an immense desert between the two regions.

#### Elimination

The undersecretary pointed out that the number of 3,000 animals that has been indicated as the total to be exterminated by the SAG "corresponds to statistics in the sector, but the final quantity will be established once the field work is completed."

"In this process," added De la Sotta, "three rings are formed. One around the infected area, another around the sector that is potentially infected and the third is to provide a margin of safety. One begins immediately with the immobilization of the first and second rings. Immediately thereafter begins a check of the animals from the third ring inward to eliminate the possibility that animals in the second ring are infected. As soon as it is clear that there is no infection in the third and second areas, action is taken in the first ring. The animals are sacrificed by shooting and then cremated."

#### Indemnification

To repair the economic effects that will be suffered by the owners of the sacrificed livestock, almost all small farmers and mostly mapuches, "the government will reimburse them by replacing the animals," according to the undersecretary.

De la Sotta concluded by saying that "the farmers should be fully aware that we have taken the necessary measures, including this very extreme one, because they will help us to reestablish ourselves as a country free of foot and mouth disease."

9746

CSO: 5400/2063

## INTER-AFRICAN AFFAIRS

### DLCO-EA COUNCIL MEETING HELD IN ADDIS

#### 29th Regular Session

Addis Ababa THE ETHIOPIAN HERALD in English 4 May 84 pp 1, 6

[Text] The 29th regular council meeting of the Desert Locust Control Organization for Eastern Africa (DLCO-EA) got underway at Africa Hall yesterday.

The two-day meeting is being attended by Ethiopia, Djibouti, Tanzania, Kenya, Uganda, Sudan, Somalia and various international organizations and was opened by Comrade Mersae Ijjigu, Head of General Planning in the National Revolutionary Development Campaign and Central Planning Supreme Council (NRDC CPSC) with the rank of minister and alternate member of the Central Committee of COPWE.

Comrade Mersae said that as the meeting is being convened at a time when many African countries are faced with severe drought and subsequent food shortages, it commands great significance and deserves particular attention.

Comrade Mersae noted that agriculture is the mainstay of the African economy, adding however, that due to climatic changes, shortage of rain, lack of modern technological know-how or use of primitive farm implements and other factors growth rate of agricultural production is lagging far behind population increase. Consequently, he said, a number of African countries are forced to sacrifice a sizeable share of their national income to purchase food from the developed countries at exorbitant prices.

Comrade Mersae exhorted the participants to exert more effort and to give more emphasis for the prevention of food losses that occur due to various agricultural pests.

Comrade Mersae stressed that the government of Socialist Ethiopia had given top priority to the task of preventing food losses caused by various agricultural pests in the country. At present the responsibility of controlling agricultural pests belongs both to the government and peasants' association, Comrade Mersae said.

Comrade Mersae further pointed out that several measures were being taken in order to strengthen the national crop protection service. He mentioned the plan of up-grading the crop protection division to the level of a department,

and added that in addition the government of Socialist Ethiopia had signed a four year crop protection project with the United Nations Development Programme (UNDP)/FAO whose main object is to raise the technical capability of the crop protection staff either through short or long-term training and consolidate and improve the existing laboratory and support services

"Such efforts would undoubtedly enable to reduce pre- and post-harvest crop losses thus contributing to improved food situation in the country," Comrade Mersae said.

Also addressing the meeting, Mr. William Dango Omam, Kenya's Minister of Agriculture and Cattle Resources Development and current Chairman of the Organization's Council, hoped that the meeting would provide opportunity to the participants to exchange experiences extensively and to chart out ways for the organization's future expanded activities.

The meeting will listen to reports by the Chairman of the Executive Committee and various other committees and will examine contributions of member countries as well as the 1981-85 budget. Further, the meeting will elect chairman and deputy chairman and decide the time and venue of the next meeting.

#### Action Program

Addis Ababa THE ETHIOPIAN HERALD in English 5 May 84 p 1

[Text] The 29th regular council meeting of the Desert Locust Control Organization for Eastern Africa (DLCO-EA) wound up here yesterday at Africa Hall after mapping out a one-year action programme.

The two-day meeting took note of the report of the current chairman of the organization and held discussion on the activities undertaken in the past as well as plans for the future.

The meeting also extensively discussed the prompt payment by member countries of their contribution to the DLCO-EA budget. It was decided that the 30th regular council meeting of the organization be held in February, 1985 in Sudan. Tanzania was elected as chairman and Sudan and Kenya as vice-chairman of the organization for 1984-85.

The seven-member organization, established by three countries with the cooperation of the world food organization in 1962, is now initiating far-reaching work in controlling and eradicating not only locusts but other pests as well.

CSO: 5400/131

## TRINIDAD AND TOBAGO

### BRIEFS

CABBAGE PESTS--TRINIDAD and Tobago is faced with an insect pest problem on one of its major cash crops, cabbage. The pests include the cabbage bud worm (*Hellula phidilealis*), the diamond backed moth (*Plutella xylostella*) and the cabbage looper (*Trichoplusia ni*). A team of workers from the Institute of the Virology, Oxford University, England recently conducted a pilot study at St. Augustine nursery, to investigate the use of insect viruses to control cabbage pests. Miss Deirdre A. Small and Mr. Claude F. Rivers worked in collaboration with Dr. Fred D. Bennett at the Commonwealth Institute of Biological Control and with Dr. Ronald M. Barrow and Mr. Assim Dilbar, from the Ministry of Agriculture, during their stay in Trinidad. The aims of the project include assisting the Government to modify existing chemical control procedure by incorporating a virological component; investigating the effect of integrated spraying regimes in controlled field trials; incorporating personnel to monitor the long-term impact of the study and to introduce a naturally occurring insect to assess the short and long-term impact on cabbage pests. [Text]  
[Port-of-Spain TRINIDAD GUARDIAN in English 25 Apr 84 p 24]

CSO: 5440/002

## VIETNAM

### BRIEFS

INSECTS IN THAI BINH--A total of 32,000 hectares of paddy are faced with drought in Thai Binh Province. Members of agricultural cooperatives have thus far saved 21,000 hectares, using available facilities. Harmful insects have also appeared in many areas. A total of 24,000 hectares of paddy have been ravaged by cotton leaf roller and stem borer. The province is mobilizing workers of the electric and water conservancy sectors and cooperative members to promptly cope with the drought and eliminate harmful insects. [Summary] [Hanoi Domestic Service in Vietnamese 0400 GMT 18 May 84 BK]

INSECTS IN NORTHERN PROVINCES--The winter-spring rice acreage infested with harmful insects in the northern provinces has doubled, as compared with the same period last year. Thai Binh Province has the largest acreage affected by insects, nearly 40,000 hectares. The affected acreages in Thai Binh, Ha Bac, and Ha Nam Ninh Provinces amount to 40,000, 30,000, and 26,000 hectares respectively. Hanoi, Ha Son Binh, Nghe Tinh, and Binh Tri Thien each have more than 10,000 hectares of winter-spring rice affected by insects. Localities are now concentrating on combating drought and eradicating insects to save the rice crop. [Text] [OW200339 Hanoi Domestic Service in Vietnamese 1100 GMT 19 May 84]

CSO: 5400/4423

ZAMBIA

BRIEFS

RED LOCUSTS--RED LOCUSTS have appeared in several markets in Lusaka and are selling like hot cakes. The locusts are believed to have been brought in from the Western Province where they appeared recently. The Ministry of Agriculture and Water Development has, however said that the locusts have not occurred in their devastating swarms but rather in isolated pockets and do not pose a threat to crops because these have already dried up and locusts only eat them when they are green. [Excerpts] [Lusaka ZAMBIA DAILY MAIL in English 10 May 84 p 3]

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